



SHIFTING DULLNESS

DAVISON SOCIETY NEWSLETTER
DUKE UNIVERSITY SCHOOL OF MEDICINE

Send announcements to
Box 2889, DUMC

February 11, 1976

Did You Know...?

...that the Davison Society has made at least 10 major changes in policy this year and has about 15 major ongoing project committees? Watch for the new series on "The Policy Makers."

Special-For Y'all

The Davison Society is sponsoring "Liver Rounds"* for students in the Varsity Dining Room of the Student Union Building Friday, February 13 at 5:00 pm-7:00 pm. All the beer you can drink, and pretzels, dip, etc. will be offered for .75. If there's a good turn out we'll try to have more on a regular basis.

*"Liver Rounds", for the uninitiated, is Happy Hour.

DAVISON SOCIETY ELECTIONS

Davison Society elections will be in the near future. Offices include President, Social Vice President, Service Vice President, Secretary, Treasurer, Class President for each year and 4 class reps for each year. If anyone has any questions about these positions or the duties, see Dwight Robertson, Box 2842 or Irwin Korngut, Box 2785. Nomination dates will be announced in the near future.

DAVISON SOCIETY CONSTITUTION

On Thursday, February 19 at 7 pm in the Amphitheatre, there will be an open meeting to discuss the proposed new Constitution. (You should have received a copy in the hospital mail). The document has been approved by the Council, and will be voted upon at the upcoming general elections.

NATIONAL BOARD EXAMINATIONS

Application forms have now been received for the 1976 National Boards. As a requirement for graduation, all first year students are required to take the Part I examination on a candidate basis. All first year courses must be completed before taking the Part I examination. Therefore, first year students are expected to take the Part I examination on September 8 and 9, 1976. Please

note the deadline date for making application is July 14, 1976. First year students will have the option of taking the examination in September, 1976 or June, 1977.

Application forms may be obtained from the office of the Associate Director for Undergraduate Medical Education, 132 Davison Building. For additional information, please contact Mr. Walter Johnson, 129 Davison Building.

The dates for 1976, along with application deadlines, are as follows:

<u>Examination</u>	<u>Dates</u>	<u>Deadline for receipt of application</u>	<u>Late Registration</u>	<u>Registration Denial</u>
Part I	June 15-16	April 20	April 20 & May 18	May 18
Part I	Sept. 8-9	July 14	July 15 & Aug. 11	Aug. 11
Part II	April 13-14	Feb. 17	Feb. 18 & Mar. 16	March 16
Part II	Sept. 28-29	Aug. 3	Aug. 4 & Aug. 31	Aug. 31
Part III	March 10	Jan. 14	Jan. 15 & Feb. 11	Feb. 11
Part III	May (Reexamination)			

class notes

2ND YEAR

Advisory Panel forms are due in Dr. Bradford's office, 132 Davison, on Registration Day, Wednesday, March 17, 1976.

3RD YEAR

Hope all third year students enjoyed the skating party. We still have some money. If anyone has any ideas for creative uses, see Jackie Rutledge, Box 2843.

Externships, etc.

The following information will be available in the Reserve Room of the Med Center Library in the Davison Society Guide to Opportunities for Study Away from Duke.

Pharmacodynamics and Toxicology at the College of Pharmacy, the University of Nebraska Medical Center.

Junior Public Health Intern Apprenticeship Training Program, sponsored by the Division of Health Services, the N.C. Department of Human Resources, and the Univ. of N. C. School of Public Health at Chapel Hill.

contests

This information is also available in the Reserve Room of the Med Center Library in the Davison Society Guide to Opportunities for Study Away from Duke.

The William J. and Dorothy Fish Kerr Student Fellowship Program in Clinical Cardiology. This contest is open to 4th year students. It provides a \$600.00 stipend for the 8-week period. Applications are due by March 1, 1976.

and they will report at the annual Quail Roost Conference in May. The committee, designed to study the future of primary care education at Duke, was proposed by the students and received faculty and administrative support.

2) A second proposal is under discussion and is reprinted below for our comment:

Dear Drs. Anlyan and Busse,

At the Quail Roost Conference on Medical Education, Spring, 1975, most of the first day was spent discussing the need for a clinical experience in a community setting (outside the medical center) as a basic part of Duke's Medical School curriculum. The transcription of that session shows that many strong arguments were presented both for and against such a rotation.

As students, we feel there is much to be gained by both students and faculty from a community experience, and that the concept is worthy of consideration for inclusion as a core part of our curriculum.

We, therefore, propose that a community experience of 4-8 weeks be established as a legitimate required block of the Duke "core curriculum." We ask that MEDSAC consider this change as soon as possible.

Sincerely,

The Davison Society Council

C. Report on the Annual Congress on Med Ed
by Jo Carol Gordon, MSII

The Annual Congress on Medical Education, held in Chicago two weeks ago, was presented by the AMA, AMSA, FSMB (Federation of State Medical Boards), AHME (Association for Hospital Medical Education), and ASAHP (American Society of Allied Health Professions). The speakers attempted to define the determinants of health care needs and the best educational reforms to meet the demands of our changing society. The outstanding speaker was Dr. Alvin Tarlov, Chairman of Medicine at the University of Chicago. He identified six social forces which led Chicago toward an exciting community program: institutional introspection, outspoken students, empty hospital beds, costs of tertiary care, inevitable national health insurance, and the increasing public dissatisfaction with the "payoff" from basic research. Chicago has instituted programs at a number of local community hospitals which involve provision of educational programs (CPC's, Grand Rounds, speakers, etc.) and permit local doctors to feel more in touch with academic medicine and medical progress. In return, the school is able to expand its opportunities for students and has significantly increased referrals of difficult cases to the University's facilities.

Tarlov also made several predictions for health care. First, he believes that public expectations will continue to increase with National Health Insurance, recertification requirements, and an increased media role in education about disease and alternative modalities of care. Second, money will be invested in the delivery of care, not research, because the payoff is greater and more immediate. Third, increased "consumerism" power will be attacking environmental causes of disease. Fourth, there will be a changing pattern of illness as care improves—dominance of chronic diseases as the number of aged people increases, and the major cause of illness will be self-infliction e.g. drug abuse, alcohol, smoking, overeating, driving, and a sedentary, boring life.

Tarlov urged that admissions procedures be reassessed to select for qualities best suited for these changes. He recommended increasing opportunities for community training, aptitude counseling for students, and that students learn more

about new legislation, needs, and solutions.

He went on to propose four initiatives: 1) regional systems of health care at all levels; 2) continuing education and quality care assessment; 3) development of a number of geriatrics programs and subspecialties; and 4) massive social marketing campaigns to prevent the above self-inflicted injuries.

The most entertaining speaker was economist Milton Friedman who managed to alienate most of the audience in less than five minutes with his insistence that the practice of medicine should be completely open to everyone. He maintained that medical school diplomas, board certifications, etc. should be of the same legal value as a Good Housekeeping Seal. Professor Friedman believes that the doctor-patient relationship is just like any other capitalist venture, and that licensure represents one of the AMA's strangleholds on its monopoly. He was not terribly successful in his attempt to introduce laissez-faire to the AMA.